2006 NARA CIT SUMMER PROGRAM WORKREATION PROGRAM (Youth ages 14 and 15) Maximum 20 per week



CHILD'S NAME		
AGE AS OF JUNE 27, 2006	MALE/FI	EMALE
PARENT/GUARDIAN NAME(S)		
STREET ADDRESS		
CITY, STATE, ZIP		
HOME PHONE	WORK PHONE	
EMERGENCY PHONE	PAGER/CELL PHON	E
ALLERGIES (PLEASE LIST):		
MEDICATIONS (PLEASE LIST):	<u> </u>	
SPECIAL ACCOMMODATIONS	(IF ANY):	
WILL BE ALLOWED TO PICKUP YOUR CH made in writing by parent at the Recreation All Session Hours: Mon-Fri. 8:00	AM – 4:00 PM	THIS LIST. Please note: all changes must be
FEE: PER SESSION LISTED BEI Fill in circles for the session(s) you want to si		
June 26 – June 30 Session 1 FEE: \$35 Discover the Wonders Week All American Week July 10– July 21 Session 2 FEE: \$35 Survivor Week	July 24 – Aug. 4 Session 3 FEE: \$35 Disney Madness Week Native American Week Aug. 7 – Aug. 25 Session 4 FEE: \$45 Olympics Week	Comments:
Military Week	Up, Up and Away We Are All One Family Week	
AMOUNT ENCLOSED:		
	Acton Recreation Department. The Recrate. No one is accepted into the Workrea irector.	
SIGNATURE OF PARENT/GUARD (Shirts may be picked up at the Recreation De	parment upon recipt of medical forms.)	DATE
T-SHIRT SIZE (CIRCLE ONE) – L Youth S Youth M Youth L	IMIT ONE PER CHILD PER SUMM Adult M Adult L Adult	

Please Note: We only offer a letter of receipt for payments for attending NARA Youth Summer Programs with our Tax Exemption Number and we are not authorized to sign reimbursement paperwork. We are a town recreation program and not a licensed daycare provider or camp.